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PTO/SB/82 (09-04)

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ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/171,889
Filing Date	10/28/1998
First Named Inventor	Jan-Ove Persson
Art Unit	
Examiner Name	
Attorney Docket Number	150-254

I hereby revoke all previous powers of attorney given in the above-identified application.

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☐ Please change the correspondence address for the above-identified application to:

☐ The address associated with
Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Steven S. Payne				
Address	Arator IP Law Group PLLC 1101 17th Street N.W. Suite 1005				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

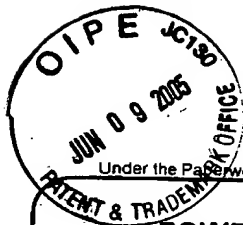
Signature			
Name	Jan-Ove Persson		
Date	050814	Telephone	0415-19812

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/171,889
Filing Date	10/28/1998
First Named Inventor	Jan-Ove Persson
Title	Voice Prosthesis
Art Unit	
Examiner Name	
Attorney Docket Number	150-254

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Steven S. Payne	35,316

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

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☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Steven S. Payne

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Jan-Ove Persson</i>	Date	<i>March 14, 2005</i>
Name	Jan-Ove Persson	Telephone	
Title and Company	Vice President Research		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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